



**Department
of Health**

DSRIP Consolidated Policy Guidance Document

WORKFORCE

April 2017

www.health.ny.gov/dsrip

Version 1.0



I. Overview

The overarching DSRIP goal of a 25% reduction in avoidable hospital use (emergency department and admissions) will result in the transformation of the existing health care system - potentially impacting thousands of employees. This system transformation will create significant new and exciting employment opportunities for appropriately prepared workers. PPS are expected to work to identify all impacts on their workforce that are anticipated as a result of the implementation of their chosen projects and to track the impacts throughout the entire DSRIP period.

II. Change Management Table

The change management table below contains a history of all modifications made to this policy document. All changes are documented in the appropriate section of the document however this table provides an inventory of all changes that have been made. The table is linked to the specific sections of the document where the modification has been made to allow for the reader to access the specific modification they want without going through the entire document.

Section Modified	Date of Modification	Modification Made

III. Specific Policy Guidance

This section captures all of the specific policy guidance that has been provided related to the Workforce Organizational component of DSRIP, including the Achievement Value (AV) driving components Workforce Strategy Spending, Workforce Impact Analysis, and the Compensation and Benefits Analysis as well as the non-AV driving milestones.

Any updates or modifications to the policy for each topic covered in this section will be documented within the applicable topic.

A. Workforce Strategy Spending

Initial Guidance – Project Plan Application

As part of the DSRIP Project Plan Application process, PPS were instructed to use the table below to identify the planned spending the PPS was committing to in its workforce strategy over the term of the waiver. PPS were awarded more points



towards their DSRIP Project Plan Application score for committing to a larger financial commitment to the workforce strategy.

Funding Type	DY1 Spend (\$)	DY2 Spend (\$)	DY3 Spend (\$)	DY4 Spend (\$)	DY5 Spend (\$)	Total Spend (\$)
Retraining						
Redeployment						
Recruiting						
Other						

PPS were expected to follow the same definitions for the categories of Retraining, Redeployment, and Recruiting as provided in the Workforce Organizational Section of the DSRIP Project Plan Application.

Initial Guidance – Implementation Plan

PPS were not required to provide updates on their Workforce Strategy Spending through the Implementation Plan submissions. PPS were instructed that baseline projections, tied to the commitments made in the DSRIP Project Plan Application, for Workforce Strategy Spending and actual data reporting would be required through the Quarterly Reporting process, starting in DY1, Q2.

Initial Guidance – Quarterly Reports

Through the PPS Quarterly Reports, PPS are required to provide updates on the actual Workforce Strategy Spending efforts of the PPS through the end of each quarter.

PPS will be evaluated on their actual spending against the spending commitments made in the DSRIP Project Plan Application for the purposes of determining the Workforce AV.

Update December 11, 2015: The timelines for the reporting of the Workforce Strategy Spending baseline and actuals are changed to DY1, Q4 for the baselines and DY1, Q4 for the actuals. The frequency for the reporting of the actuals is changed to semi-annual reporting in Q2 and Q4.

The spending thresholds to pass the Workforce Strategy Spending milestone were revised to consider the cumulative spending across years instead of considering only the spending within a year.



DSRIP Year	Previous Validation	New Validation (using cumulative spending)
DY1	80% of DY1 spending commitment	80% of DY1 spending commitment
DY2	80% of DY2 spending commitment	80% of DY1 + DY2 spending commitment
DY3	85% of DY3 spending commitment	85% of DY1 + DY2 + DY3 spending commitment
DY4	90% of total spending commitment	90% of total spending commitment

The final update included in the December 11, 2015 communication provided for a discount to the DY1 spending target for the PPS. A 25% discount factor will be applied to the DY1 Workforce Strategy Spend target.

- The amount that comes off the DY1 commitment would need to be re-allocated across the DY2- 4 commitments to ensure that PPS are on track to hitting their overall spend by DY4.
- PPS should reallocate the funds appropriately to ensure they can meet the revised spending commitments in DY2-4.
- A 25% discount provides an average discount of about \$865,000 that will need to be reallocated to DY2-4 commitments at PPS discretion.
- The proposal gives PPS flexibility in DY1, while still holding to overall workforce spending commitments.
- PPS will need to spend 80% of reduced DY1 spending commitment to earn the Achievement Value in DY1.

Update April 27, 2016: Salaries are not permissible except for those in the PPS whose primary job function is to:

- Manage the PPS Workforce-related activities.
- Manage and/or provide training related to DSRIP objectives.
- Provide DSRIP project management support related to DSRIP workforce or training efforts.
 - PPS can charge a portion of the PMO staff salaries for any PMO staff engaged in the support of DSRIP workforce efforts.
 - PPS will need to establish a reasonable allocation methodology to apportion the PMO staff salary expenses for the purpose of reporting these costs under the Workforce Strategy Spending.

B. Workforce Impact Analysis

Initial Guidance – Project Plan Application



In the DSRIP Project Plan Application, PPS were required to report on the anticipated impacts on the workforce the DSRIP program would have, and the PPS strategy to minimizing negative impacts on the workforce. PPS were required to identify the percentage of existing employees that would require retraining, the percentage of employees that will be redeployed, and the percentage of new employees expected to be hired.

For existing staff, PPS were required to provide additional details on the efforts the PPS will undertake to identify staff that will be impacted by the DSRIP program. For existing staff that will be retrained or redeployed, the PPS were required to indicate the placement level of workers impacted by retraining or redeployment. Partial placement is defined as those workers that are placed in a new position with at least 75% and less than 95% of previous total compensation. Full placement is defined as those staff with at least 95% of previous total compensation.

PPS were also required to identify the anticipated new jobs that will be created and the approximate number of new hires per staff type and facility type.

Initial Guidance – Implementation Plan

PPS were not required to provide updates on their Workforce Impact Analysis through the Implementation Plan submissions. PPS were instructed that baseline projections for Workforce Impact Analysis and actual data reporting would be required through the Quarterly Reporting process, starting in DY1, Q2.

Update March, 2015: PPS do not need to provide revised Workforce Impact numbers for the April 1, 2015 Implementation Plan submission. A revised, finalized set of Workforce Impact numbers will be required before the end of DY1.

Initial Guidance – Quarterly Reporting

Through the PPS Quarterly Reports, PPS are required to provide updates on the actual number of staff that have been impacted through retraining or redeployment under the DSRIP program. PPS are also required to provide updates on the number and type of new staff that have been hired to support DSRIP program efforts.

PPS will be monitored to ensure updates are provided on workforce impacts for the purposes of determining the Workforce AV.

Update August 3, 2015: Guidance was released to provide more detailed definitions on the categories of workforce impact and for the first time on the details for the reporting of Workforce Impact Analysis, including the Job Titles and Facility Types by which PPS would need to report.



Workforce Impact Term	Definition
New Hires	All personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition below). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.
Retraining	Training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner.
Redeployed Personnel	People who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer.
Training	For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.



Staff Types

Physicians	Patient Education
Primary Care	Certified Asthma Educators
Other Specialties (Except Psychiatrists)	Certified Diabetes Educators
Physician Assistants	Health Coach
Primary Care	Health Educators
Other Specialties	Other
Nurse Practitioners	Administrative Staff -- All Titles
Primary Care	Executive Staff
Other Specialties (Except Psychiatric NPs)	Financial
Midwives	Human Resources
Nursing	Other
Nurse Managers/Supervisors	Administrative Support -- All Titles
Staff Registered Nurses	Office Clerks
Other Registered Nurses (Utilization Review, Staff Development, etc.)	Secretaries and Administrative Assistants
LPNs	Coders/Billers
Other	Dietary/Food Service
Clinical Support	Financial Service Representatives
Medical Assistants	Housekeeping
Nurse Aides/Assistants	Medical Interpreters
Patient Care Techs	Patient Service Representatives
Clinical Laboratory Technologists and Technicians	Transportation
Other	Other
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	Janitors and cleaners
Psychiatrists	Health Information Technology
Psychologists	Health Information Technology Managers
Psychiatric Nurse Practitioners	Hardware Maintenance
Licensed Clinical Social Workers	Software Programmers
Substance Abuse and Behavioral Disorder Counselors	Technical Support
Other Mental Health/Substance Abuse Titles Requiring Certification	Other
Social and Human Service Assistants	Home Health Care
Psychiatric Aides/Techs	Certified Home Health Aides
Other	Personal Care Aides
Nursing Care Managers/ Coordinators/Navigators/Coaches	Other



RN Care Coordinators/Case Managers/Care Transitions	Other Allied Health
LPN Care Coordinators/Case Managers	Nutritionists/Dieticians
Social Worker Case Management/ Care Management	Occupational Therapists
Bachelor's Social Work	Occupational Therapy Assistants/Aides
Licensed Masters Social Workers	Pharmacists
Social Worker Care Coordinators/Case Managers/Care Transition	Pharmacy Technicians
Other	Physical Therapists
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	Physical Therapy Assistants/Aides
Care Manager/Coordinator	Respiratory Therapists
Patient or Care Navigator	Speech Language Pathologists
Community Health Worker	Other
Peer Support Worker	

Facility Types:

Outpatient Behavioral Health (Article 31 & Article 32)
Article 28 Diagnostic & Treatment Centers
Article 16 Clinics (OPWDD)
Home Care Agency
Hospital Article 28 Outpatient Clinics
Inpatient
Non-licensed CBO
Nursing Home/SNF
Private Provider Practice

Update September 16, 2015: The timeline for the reporting of baseline projections and actuals for Workforce Impact Analysis were adjusted:

- PPS Baseline Reporting for Workforce Impact Analysis will not be required until DY1, Q4 (April 2016) reporting.
- PPS Actuals Reporting for Workforce Impact Analysis will ALSO be required in DY1, Q4 (April 2016) reporting.

Update October 22, 2015: The required numerical updates to Domain 1 process measures for Workforce Impact Analysis will now be semi-annual reporting to align with the reporting cycle tied to Achievement Values (AVs) (Q2 and Q4 of each year).



Update December 2, 2015: The timelines for the reporting of baseline projections and actuals for Workforce Impact Analysis were adjusted:

- PPS Baseline Reporting for Workforce Impact Analysis will be due DY2, Q1
- PPS Actuals Reporting for Workforce Impact Analysis will be due DY2, Q2

Additional clarifications were also provided on the Workforce Impact Analysis reporting by Staff Type:

- If a licensed provider (identifiable as one of the listed licensed staff types) is also engaged in other activities, their headcount should be reported under the licensed provider job title.
 - For example, an RN performing health education activities would be captured under “Other Registered Nurses (Utilization Review, Staff Development, etc.)”.
 - An RN performing care coordination function would be captured under “RN Care Coordinators/Case Managers/Care Transitions”.
- Administrative categories should be used to capture all non-clinical facing staff.
- The “other” categories should be used for staff types not already captured in the list.

Update December 17, 2015: Additional clarifications were provided on the reporting of Workforce Impact Analysis through responses to FAQs.

- 1) The PPS should select the facility type that most appropriately reflects the setting to which the employee has been redeployed. In the context of 3.a.i, if the employee was moved to an Article 28 clinic as part of the co-location of behavioral health services in a primary care setting, the employee would be reported under the provider type associated with the Article 28 clinic. If the site is dual-licensed as both Article 28 and 31/32, staff impact should be reported under the service with the greater volume.
- 2) Redeployed staff should be reported to the facility type they are going to.

Update March 14, 2016: A clarification was provided through a response to FAQs regarding the reporting of a staff that is being redeployed and requires training.

If an employee is being redeployed and receives training as part of those redeployment efforts, the employee should be categorized as redeployed for the purposes of Workforce Impact Analysis reporting.



Update July 12, 2016: The Workforce Impact Analysis baseline projections are not required as part of the DY2, Q1 PPS Quarterly Report submissions and would not be required as part of any subsequent PPS Quarterly Report submissions.

Update September 19, 2016: This clarification to the July 12, 2016 guidance included three updates:

1. Workforce Impact Analysis Projections - The previous guidance incorrectly stated that PPS will not have to submit Workforce Impact Analysis baseline projections for the remaining reporting periods. PPS are not required to submit Workforce Impact Analysis projections as part of their DY2, Q1 Quarterly Report submission. However, PPS will be required to submit Workforce Impact Analysis projections with the DY2, Q2 Quarterly Report submissions (see below).
2. Clarification in Projections Reporting Requirements - In previous guidance, the term 'baseline' was incorrectly used in conjunction with the term projections which has led to confusion as to what data the PPS needed to provide as part of this requirement. In completing the Workforce Impact Analysis projections, PPS will be required to report the projected impact by Staff Type and Facility Type for DY5 of the DSRIP Program to meet Milestone #5 for the target state. The PPS are not required to breakout the projections for each demonstration year but rather provide an aggregate number by Staff and Facility Type as the 5-year target state for DY5. DOH and the IA are working to provide the PPS with an updated template to capture the Workforce Impact Analysis projections to be provided in the DY2, Q2 Quarterly Report submission and will provide the updated template with further guidance in the coming weeks.
3. Workforce Impact Actuals Reporting - The required reporting on actual impact is now on a 6-month basis – Q2, Q4 instead of quarterly. PPS are required to report the Workforce Impact Analysis actuals through DY2, Q2 as part of the DY2, Q2 Quarterly Report submission.

Update October 12, 2016: An additional clarification to reporting was made which included directions on reporting Workforce Impact Actuals for DY1:

1. It is expected that PPS report the Workforce Impact Actuals through DY2, Q2, inclusive of any DY1 Workforce Impacts and the DY2, Q1 and Q2 impacts, as part of this submission. If a PPS cannot easily compile the data for DY1 Workforce Impacts for inclusion in this quarterly report submission, the PPS can report this information as part of their DY2, Q4 quarterly report submission, due April 30, 2017. PPS should indicate on their submission if the data reported is inclusive of DY1 Workforce Impact data or if that data will be provided as part of the DY2, Q4 submission.



C. Compensation and Benefit Analysis

Initial Guidance – Project Plan Application

The Project Plan Application did not contain any guidance regarding the PPS completing a Compensation and Benefit Analysis.

Initial Guidance – Implementation Plan

In the Implementation Plan, PPS were instructed to develop and document the PPS approach to competing the milestone, “Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.” This effort required the identification of all necessary tasks the PPS would need to complete in order to meet and the timelines by which the PPS would complete them to meet this milestone.

In order to substantiate that the milestone has been completed, PPS will be required to include as part of their Quarterly Report submission “A compensation and benefit analysis report, signed off by the PPS workforce governing body.”

The target completion date for this milestone is DY1, Q3.

Initial Guidance – Quarterly Report

Through the PPS Quarterly Reports, PPS are required to provide an update on the implementation of the PPS workforce transition roadmap, including updated on compensation and benefits.

This will be evaluated by the Independent Assessor but will not be factored in to the determination of the Workforce AV.

Update September 16, 2015: Two updates were made related to the Compensation and Benefits Analysis milestone:

- 1) PPS will have until DY2, Q1 to complete the Compensation and Benefits Analysis.
- 2) The Compensation and Benefits Analysis will be an annual requirements and will be included as a milestone towards earning the Workforce Organizational AV.

Update October 22, 2015: The frequency for completion of the Compensation and Benefit Analysis was modified from an annual reporting requirement to a DY1 (due DY2, Q1), DY3 (DY3, Q4), and DY5 (DY5, Q4) reporting requirement.

Update December 2, 2015: Further details were provided on the data elements to be included in the Compensation and Benefits Analysis.



- 1) The PPS workforce surveys and analysis should be developed to be as consistent as possible with the instructions provided by the Bureau of Labor Statistics in their Occupational Employment Report surveys.
- 2) Average hourly wage rate should be used for reporting purposes.
- 3) The “Occupational Report of Hospitals” survey lists the following as included/excluded as pay:
 - a. Include as pay:
 - i. Base Rate
 - ii. Commissions
 - iii. Cost of Living Allowance
 - iv. Headhunting Pay
 - v. Guaranteed Pay
 - vi. Hazard Pay
 - vii. Incentive Pay
 - viii. Longevity Pay
 - ix. Piece Rate
 - x. Portal to Portal Rate
 - xi. Production Bonus
 - xii. Tips
 - b. Exclude as Pay:
 - i. Attendance Bonus
 - ii. Back Pay
 - iii. Draw
 - iv. Holiday Bonus
 - v. Holiday Premium Pay
 - vi. Jury Duty Pay
 - vii. Lodging Payments
 - viii. Meal Payments
 - ix. Merchandise Discounts
 - x. Nonproduction Bonus
 - xi. On-call Pay
 - xii. Overtime Pay
 - xiii. Perquisites
 - xiv. Profit Sharing Payments
- 4) Required data elements for measuring and reporting Compensation and Benefits:
 - a. Number of employees
 - b. Number of vacancies / intend to fill
 - c. Compensation rate (mean, median, 25th and 75th percentile)
 - i. The PPS should collect average compensation rate for each job title at a given facility, and then the PPS’ aggregate reporting over



all facilities should provide the mean, median, 25th and 75th percentile of these average compensation rates.

- d. Benefits as a percentage of compensation
 - e. Collective Bargaining Agreement (CBA) status
 - f. For only the “Non-licensed Care Coordination” category:
 - i. Is there a degree requirement?
 - ii. If yes, what is/are the minimum degree requirement(s)?
- 5) For each Job Title, PPS will report in the aggregate across all organizations as well as for each Facility Type.

D. Target Workforce State

Initial Guidance – Project Plan Application

The Project Plan Application did not include a section specific to the Target Workforce State for the PPS.

Initial Guidance – Implementation Plan

In the Implementation Plan, PPS were instructed to develop and document the PPS approach to completing the milestone, “Define target workforce state (in line with DSRIP program’s goals).” This effort required the identification of all necessary tasks the PPS would need to complete in order to meet and the timelines by which the PPS would complete them to meet this milestone.

In order to substantiate that milestone has been completed, PPS will be required to include as part of their Quarterly Report submission a “Finalized PPS target workforce state, signed off by PPS workforce governance body.”

Initial Guidance – Quarterly Report

Through the PPS Quarterly Reports, PPS are required to provide an update on the implementation of the PPS workforce transition roadmap, including any change to their target state.

This will be evaluated by the Independent Assessor but will not be factored in to the determination of the Workforce AV.

Update December 11, 2015: A suggested completion date of DY2, Q1 is given to PPS.

E. Workforce Transition Roadmap

Initial Guidance – Project Plan Application

The Project Plan Application did not include a section specific to the Workforce Transition Roadmap of the PPS.

Initial Guidance – Implementation Plan



In the Implementation Plan, PPS were instructed to develop and document the PPS approach to completing the milestone, “Create a workforce transition roadmap for achieving your defined target workforce state.” This effort required the identification of all necessary tasks the PPS would need to complete and the timelines by which the PPS would complete them to meet this milestone.

In order to substantiate that milestone has been completed, PPS will be required to include as part of their Quarterly Report submission a “Completed workforce transition roadmap, signed off by PPS workforce governance body.”

Initial Guidance – Quarterly Report

Through the PPS Quarterly Reports, PPS are required to provide updates on the implementation of the PPS workforce transition roadmap.

This will be evaluated by the Independent Assessor but will not be factored in to the determination of the Workforce AV.

Update December 11, 2015: A suggested completion date of DY2, Q2 is given to PPS.

F. Gap Analysis between Current State Assessment and Projected Future State

Initial Guidance – Project Plan Application

The Project Plan Application did not include a section specific to a gap analysis between the current state and the projected future state of the PPS workforce.

Initial Guidance – Implementation Plan

In the Implementation Plan, PPS were instructed to develop and document the PPS approach to “Perform a detailed gap analysis between current state assessment of workforce and projected future state.” This effort required the identification of all necessary tasks the PPS would need to complete and the timelines by which the PPS would complete them to meet this milestone.

In order to substantiate that milestone has been completed, PPS will be required to include as part of their Quarterly Report submission a “Current state assessment report & gap analysis, signed off by PPS workforce governance body.”

Initial Guidance – Quarterly Report

Through the PPS Quarterly Reports, PPS are required to provide updates on the implementation of the PPS workforce transition roadmap.

This will be evaluated by the Independent Assessor but will not be factored in to the determination of the Workforce AV.



Update December 11, 2015: A suggested completion date of DY2, Q2 is given to PPS.

G. Training Strategy

Initial Guidance – Project Plan Application

The Project Plan Application did not include a section specific on the development of a workforce training strategy.

Initial Guidance – Implementation Plan

In the Implementation Plan, PPS were instructed to develop and document the PPS approach to “Develop training strategy.” This required the identification of all necessary tasks the PPS would need to complete and the timelines by which the PPS would complete them to meet this milestone.

In order to substantiate that milestone has been completed, PPS will be required to include as part of their Quarterly Report submission a “Finalized training strategy, signed off by PPS workforce governance body.”

Initial Guidance – Quarterly Report

Through the PPS Quarterly Reports, PPS are required to provide updates on and evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary teams. PPS will also need to provide a description of training programs delivered and participant-level data, including training outcomes.

This will be evaluated by the Independent Assessor but will not be factored in to the determination of the Workforce AV.

Update December 11, 2015: A suggested completion date of DY2, Q2 is given to PPS.

IV. Frequently Asked Questions

This section captures all FAQs that have been documented on the topic covered in the policy guidance document. This section will be updated as new FAQs are generated.

General Questions

1. What role is the Workforce DST Team playing in supporting PPSs during this phase?

Answer: The Workforce DST Team is there to support the PPSs as they work to complete their implementation plans (IP), specifically to help PPSs understand



the workforce related requirements within the IP and think through potential considerations when developing the plan as well as recommend activities and approaches for executing workforce-related activities in order to assess overall impact and establish baseline numbers in the areas of re-training, re-deployment, new hires and overall WF budget. The Workforce DST Team is providing support through the creation of a workforce webinar, a workforce implementation plan prototype and companion guide, this FAQ, phone discussions to review high level requirements of the plan, in-person workshops with PPSs to go over key issues and challenges, a workshop in Albany on February 2, 2015 with representatives from all PPSs to provide additional guidance and support, and reviews of workforce implementation plan drafts.

2. Are there any implications of changing workforce impact numbers (e.g. % of workers redeployed, retrained, hired) from the application?

Answer: This should not be an issue. Workforce impact numbers submitted with the application were expected to be top-down directional estimates. The DOH has made clear that this is the time to create a plan of how these workforce impact numbers will be refined through detailed, bottoms-up analyses. This means PPSs will need to analyze the individual needs of the individual projects in terms of what individuals could potentially be retrained and redeployed, etc. It will be important to look at what existing staff can meet future state needs through redeployment and/or retraining. It should be expected that some PPSs will have to do more refining than others.

3. Should workforce analyses to reach baseline process measures be reported project by project? Or across all projects?

Answer: Workforce process measures should be reported across all projects, not project by project. However, PPSs will need to collect data, information, and requirements from each project in order to accurately reach refined baseline workforce process measures. This data will then need to be aggregated for reporting purposes.

4. What must be completed by April 1, 2015?

Answer: By April 1, 2015, PPSs must complete an implementation plan that defines steps and activities to reach baseline Workforce Process Measures and other key milestones, addresses workforce impacts, identifies potential challenges, and defines the process for completing quarterly progress reports. It is also recommended that PPSs establish a workforce project team. PPSs should begin executing on key activities laid out in the implementation plan beginning



April 1, 2015, if not sooner. It is NOT expected that PPSs will have refined WF-related numbers for re-training, re-deployment, new hires, budget, etc. by April 1, 2015.

5. What is the unit for reporting net workforce changes? FTE? Full-time/part-time?

Answer: As of now, the unit for reporting next workforce changes is FTE. However, it should be noted that revised workforce impact numbers won't be required for the implementation plan, but rather for the initial progress report later in DY1. DOH and the independent assessor will communicate out well in advance of when these measures must be submitted should the definition be altered.

6. Are the employee categories PPSs will be required to report on the same as those included in the organizational application? Is there any flexibility from there?

Answer: There is now added flexibility for workforce categories, and PPSs can simply fill in their workforce categories for net new hires (or impacts such as those categories that will need to be re-trained or re-deployed). However, this will not be required upon submission of the implementation plan on 4/1, but rather will be expected later in DY1 when baseline workforce process measures must be submitted.

7. Is there any burden of proof for reporting retraining/redeployment/net change in number of employees?

Answer: Yes, there is a burden of proof. The specific evidence that will be required for the quarterly progress reported will be determined by the independent assessor. However, this will not be required upon submission of the implementation plan on April 1, 2015, but rather will be expected later in DY1 when baseline workforce process measures must be submitted. For milestones, the required supporting documentation is listed in the implementation plan. Further information is forthcoming from the independent assessor in the "AV Policies and Procedures Guide".

8. Are PPSs required to create a workforce governance body? Can workforce decisions be made by a more general executive committee?

Answer: While it is not required for PPSs to have a separate governing body/committee/team to oversee and drive workforce issues, it is recommended. Generally speaking, it should be clear and explicit who has



decision-making/approval authority with regard to who gets retrained/redeployed, and especially for redeployed staff, their 'sources' and 'destinations' across the PPS. Additionally, it is recommended that PPSs establish a dedicated workforce project team that will be accountable and responsible for executing WF-related activities laid out in the implementation plan.

9. Is workforce scored individually for each project? Or is there one overall workforce score?

Answer: The score for the workforce (as with all organizational sections) is distributed across all projects. PPSs will get scored on workforce separately, but they receive a 'pass' for that quarter, that adds one achievement value to all projects. Of the 7 AVs per project that PPSs can score each quarter, 4 per project are for organizational sections. The implementation plan as such is only 'graded' as a pass or fail.

10. How does the DOH define those that need to be retrained vs. redeployed?

Answer: Redeployed staff are those who will be remaining in the same role performing the same tasks, but at a different location. Retrained staff are those who receive training/upskilling in order to qualify for a new role, whether or not they are deployed to a new location or site.

11. What is the difference between "Roles and Responsibilities" and "Key Stakeholders"?

Answer: "Roles and Responsibilities" refers to key people (or organizations) responsible or accountable for completing key workforce activities (e.g. Workforce Committee members, Workforce Implementation Project Lead). "Key Stakeholders" refers to individuals, either internal or external, who are involved in or need to be informed of workforce transformation plans (e.g. SMEs, HR leads, Training leads, labor groups).

12. What are the expectation with regards to the Compensation and Benefit Analysis? Which steps that should be included and what's the relevance of this milestone?

Answer: The "Compensation and Benefit Analysis" milestone was included so that PPSs would have a detailed and accurate understanding of the impacts to redeployed or retrained staff who receive full or partial placements. Some sample steps include collecting and analyzing data around the variances between current and future state compensation and benefits of redeployed and



retrained staff, as well as developing policies and contingencies for partially placed staff.

13. What type of expenses/costs should be factored into my Workforce Budget?

Answer: The Workforce budget should encompass costs and expenses that enable the workforce transformation. Workforce strategy funds need to be used as committed in the PPS application. This includes the cost to retrain impacted staff, the cost of redeploying impacted staff, the costs to support the recruiting of new staff to meet DSRIP project needs, and other costs associated with managing or executing these processes (e.g. transition coaches, recruiters). This does not include salaries or benefits of newly hired clinical staff. Salaries are not permissible except for those in the PPS whose primary job function is to:

- Manage the PPS Workforce-related activities.
- Manage and/or provide training related to DSRIP objectives.
- Provide DSRIP project management support related to DSRIP workforce or training efforts.
 - PPS can charge a portion of the PMO staff salaries for any PMO staff engaged in the support of DSRIP workforce efforts.
 - PPS will need to establish a reasonable allocation methodology to apportion the PMO staff salary expenses for the purpose of reporting these costs under the Workforce Strategy Spending.

14. Can DSRIP funds be used to hire new staff for DSRIP projects?

Answer: PPS may use DSRIP funds to achieve performance goals. Those funds may be used for salaries of newly hired staff, etc., as defined above. There is flexibility with DSRIP payment funds that PPSs receive for implementation and performance. However, PPSs must demonstrate that a portion of funds have been used for workforce strategies consistent with their commitments in the application (see previous question). A PPS cannot demonstrate they have met this commitment by simply using the funds to pay staff salaries.

15. The Cultural Competency organizational milestone regarding a training plan is out of sync with the Workforce section timelines. Should these be the same?

Answer: No. Though a PPS may consider the Cultural Competency training plan in the context of their overarching Workforce training strategy, these separate milestones are due on the different dates that have been indicated by the IA.



Strategy Spending (“the budget”) Questions

1. Can behavioral change management activities (e.g., info session for clinicians re. DSRIP projects) be included in the budget?

Answer: Any costs incurred to educate staff on DSRIP can be included in the strategy spending.

2. Can backfill coverage for staff to attend training sessions be included in the budget? (e.g., replacement cost of staff to fill roles while original staff is attending training)

Answer: Yes, the staff costs associated with coverage can be included in the strategy spending budget as part of the Workforce Training spend. The costs of staff attending the training would not be included in the strategy spending budget.

3. What degree of validation will the IA go to monitor the budgets? What level of evidence/breakdown will be required within the listed budget categories (i.e., new hires, retraining, redeployment, other)?

Answer: The IA will be validating the total workforce spending amounts during the quarterly reports. The IA may request supporting documentation such as financial records and invoices to support workforce strategy spending amounts during on-site visits.

4. Can training (or other workforce activities, initiatives, support, vendors, etc.) be paid for in advance? (e.g., Can a series of training sessions be paid for in DY1 that will then extend and be completed in DY2, and be accounted for in the DY1 spend?)

Answer: Yes, this is acceptable. PPS workforce strategy spending should reflect the actual spending through the end of the respective reporting period.

5. If an employee is being redeployed and requires training, which category for Strategy Spending (and Staff Impact) should this employee be reported under?

Answer: If an employee is being redeployed and receives training as part of those redeployment efforts, the cost should be reflected under the training category. For the purposes of the Staff Impact Analysis, this employee should be categorized as redeployed.



- 6. What will happen if a PPS spends over 100% of its workforce spend in a given year? (e.g., Could this "roll over" for consideration as part of the next year's spend?)

Answer: PPS spending will be assessed as a cumulative effort over the life of DSRIP, building up to the total spending commitment. (Note: DY0 spend may be included in DY1.) The following logic will be applied:

Year	Current Validation	Validation
DY1	80% of DY1 spending commitment	80% of DY1 spending commitment
DY2	80% of DY2 spending commitment	80% of cumulative DY1 + DY2 spending commitment
DY3	85% of DY3 spending commitment	85% of DY1 + DY2 + DY3 spending commitment
DY4	90% of total spending commitment	90% of total spending commitment

- 7. What is the "DY1 relief" for workforce strategy spending?

Answer: A "discount factor" of 25% will be applied to the PPSs' DY1 workforce spending commitments. As a result, the IA will validate the "80% of DY1 spending commitment" on a value that is 25% less than the amount the PPS committed to spending in DY1. The PPS will then have to reallocate this 25% discount to their committed spend in DY2 through DY4. This results in the PPS committing to meet the full committed workforce spend by the end of DY4.

Staff Impact & New Hire Analysis Questions

- 1. When reporting staff impact, is it expected that there be redundancy between categories (e.g., an RN that is both retrained and redeployed to a different nursing setting), or should a given headcount only be reported in one place?

Answer: Headcounts should only be counted in one place. For example, if an RN is redeployed and receives training as part of the redeployment effort, they would be counted in redeployed.

- 2. How should, for example, a given job title that moves (i.e., is "redeployed") between facility types be reported? In the category they "left" or the one they are "going to", or both? (For example, this could be an RN that is redeployed from an inpatient setting to an outpatient setting.)



Answer: Redeployed staff should be reported to the facility type they are going to.

3. When reporting in the context of 3.a.i and dual licensure (e.g., licensure for both Article 28 and Article 31/32), which "facility type" should be used?

Answer: The PPS should select the facility type that most appropriately reflects the setting to which the employee has been redeployed. In the context of 3.a.i, if the employee was moved to an Article 28 clinic as part of the co-location of behavioral health services in a primary care setting, the employee would be reported under the provider type associated with the Article 28 clinic. If the site is dual-licensed as both Article 28 and 31/32, staff impact should be reported under the service with the greater volume.

4. Is there a difference between sampling and a full survey of PPS partners?

Answer: *As communicated in Q&A document on 10/22/2015:* The initial current-state assessment for workforce composition should consider the entire PPS network as much as possible in order to make the workforce projections that are part of reporting requirements.

5. How often will workforce impact be reported?

Answer: The required numerical updates to Domain 1 Process Measures of Workforce Strategy Budget, Workforce Impact Analysis, and New Hire Employment Analysis will be semi-annual reporting to align with reporting cycle tied to Achievement Values (Q2 & Q4 for each year). This has been revised from the quarterly update reporting. Quarterly reporting is still required on PPS progress updates to the PPS Workforce implementation plans such as updates on the implementation of the workforce transition roadmap, training up-take, etc.

Compensation & Benefits Survey Questions

1. What level of statistics should be reported for "compensation"?

Answer: The PPS's aggregate reporting over all facilities should provide the mean, median, 25th & 75th percentile of these average compensation rates based on the PPS partners reporting average compensation rates for each job title at a given facility.



2. How should "benefits as a percentage of compensation" be calculated?

Answer: This is based on the ratio of "average value of benefits" to "average compensation" for a given job title and facility type.

3. For the Compensation and Benefits survey, can PPSs combine their data with another PPS?

Answer: For reporting wages, the survey vendor for the PPSs may need to combine their data in a regional view. PPSs and workforce survey vendors must consider the anti-trust and firewall issues. For tracking workers (e.g., for staff impact reporting), real wage rates (e.g., pre- and post-redeployment) for an individual should be used.

4. How should a PPS address anti-trust concerns?

Answer: Anti-trust concerns should be considered by PPSs in doing workforce surveys. Please consult legal counsel and/or your workforce vendor to assure you have the appropriate firewalls in place and understand all governing conditions regarding the collection, use, and sharing of data.

5. If a PPS has already done a comp/bene survey, do they need to do it again between release of new guidance and the deadline?

Answer: No. The comp/bene survey (and board approval of final survey/report) must have been done between the start of DY1 and the deadline.

6. If a comp/bene survey has already been done, what should a PPS do if they are missing a "standard data element"?

Answer: In DY1, if a PPS has already completed the survey, there is no need to re-survey. If, however, the survey isn't already completed, the PPS should use as a minimum the "standard data elements" for comp/bene provided in this workforce guidance.

7. What is the purpose of the Compensation & Benefits Survey?

Answer: For comp/bene and the workforce surveys, we are looking for a "snapshot in time". The purpose is to look at workforce trends within each PPS and for PPS to use in planning for workforce transitions; also to identify trends at regional level and overall shifts at regional level across the state.



8. What about overlapping PPS?

Answer: PPSs and their workforce vendors should work together to create firewall for reporting and enable regional views to help in workforce planning. If multiple PPSs are working with a single vendor, that vendor can separate out data as appropriate for PPS reporting, as well as enable roll-up regional-level reporting and reduce network redundancy.

9. To what level of granularity will this be reported?

Answer: It should be reported by job title (as per the DSRIP job title/facility type list). Reporting will be in aggregate; not at the individual level.

10. How often will the comp/bene survey be done?

Answer: The comp/bene survey will not be required annually. There will be 3 comp/bene surveys for each of DY1, DY3, and DY5 (i.e., start, mid-point, and end of DSRIP demonstration years).

11. Are PPS surveying everyone, or can a sampling be done?

Answer: Survey methodologies should be consistent, verifiable to allow for internal consistency, and enable tracking and trending over time. For certain reporting, the following guidelines should be used:

Workforce Survey – Current State:

- The initial current-state assessment for workforce composition should consider the entire PPS network as much as possible in order to make the workforce projections that are part of reporting requirements.

Workforce Projections:

- The reporting reflects the workforce impact that is expected (at baseline) or measured (in future updates) across the entire PPS, including new hires, redeployments and reductions.
- Workforce impact reporting should reflect projections of the workers that are affected by DSRIP goals and projects to the degree possible. There are other healthcare reforms that may be difficult to sort out impact and, in these cases, they should be included in the impacted staff projections.

Compensation and Benefits Survey:

- May survey everyone; or,



- Draw from market data by sector such as collective bargaining wage rates for standard job categories that exist in a region for institutional providers; and
- Do statistically relevant sampling, as appropriate to the PPS provider network particularly for non-institutional settings and those whose staff consist of the “emerging titles”.

Job Titles

DSRIP Job Title	Crosswalk to 2010 Standard Occupational Classification (SOC)
Physicians	
Primary Care	29-1062 Family and General Practitioners and 29-1065 Pediatricians, General
Other Specialties (Except Psychiatrists)	not 29-1062 or 29-1075 (also exclude 29-1066 Psychiatrists)
Physician Assistants	29-1071 Physician Assistants
Primary Care	"Primary Care" is not differentiated as a separate category from 29-1071 Physician Assistants
Other Specialties	29-1071 Physician Assistants (need to exclude "Primary Care")
Nurse Practitioners	29-1171 Nurse Practitioners
Primary Care	"Primary Care" and "Psychiatric NPs" are not differentiated as a separate category from 29-1171 Nurse Practitioners
Other Specialties (Except Psychiatric NPs)	29-1171 Nurse Practitioners (need to exclude "Primary Care" and "Psychiatric NPs")
Midwives	29-1161 Nurse Midwives
Nursing	
Nurse Managers/Supervisors	11-9111 Medical and Health Services Managers "Nurse Managers" are not broken out as a separate category
Staff Registered Nurses	29-1141 Registered Nurses
Other Registered Nurses (Utilization Review, Staff Development, etc.)	Not differentiated as a separate category from 29-1141
LPNs	29-2061 Licensed Practical and Licensed Vocational Nurses
Other	
Clinical Support	
Medical Assistants	31-9092 Medical Assistants
Nurse Aides/Assistants	31-1014 Nursing Assistants
Patient Care Techs	29-2030 Diagnostic Related Technologists and Technicians and



	29-2050 Health Practitioner Support Technologists and Technicians and 29-2090 Miscellaneous Health Technologists and Technicians
Clinical Laboratory Technologists and Technicians	29-2010 Clinical Laboratory Technologists and Technicians
Other	
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	
Psychiatrists	29-1066 Psychiatrists
Psychologists	19-3031 Clinical, Counseling, and School Psychologists
Psychiatric Nurse Practitioners	Not differentiated as a separate category from 29-1171
Licensed Clinical Social Workers	21-1023 Mental Health and Substance Abuse Social Workers
Substance Abuse and Behavioral Disorder Counselors	21-1011 Substance Abuse and Behavioral Disorder Counselors
Other Mental Health/Substance Abuse Titles Requiring Certification	
Social and Human Service Assistants	21-1093 Social and Human Service Assistants
Psychiatric Aides/Techs	31-1013 Psychiatric Aides and 29-2053 Psychiatric Technicians
Other	
Nursing Care Managers/Coordinators/Navigators/Coaches	
RN Care Coordinators/Case Managers/Care Transitions	Not differentiated from 29-1141 (Registered Nurses) and/or 29-1171 (Nurse Practitioners)
LPN Care Coordinators/Case Managers	Not differentiated from 29-2061 (Licensed Practical and Licensed Vocational Nurses)



Social Worker Case Management/Care Management	21-1022 Healthcare Social Workers
Bachelor's Social Work	No classification identified for this title
Licensed Masters Social Workers	No classification identified for this title
Social Worker Care Coordinators/Case Managers/Care Transition	21-1022 Healthcare Social Workers
Other	
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	
Care Manager/Coordinator	No classification identified for this title
Care or Patient Navigator	No classification identified for this title
Community Health Worker	21-1094 Community Health Workers
Peer Support Worker	Not differentiated from 21-1094 (Community Health Workers)
Patient Education	Not differentiated as a separate category from 21-1091 Health Educators
Certified Asthma Educators	Not differentiated as a separate category from 21-1091 Health Educators
Certified Diabetes Educators	Not differentiated as a separate category from 21-1091 Health Educators
Health Coach	No classification identified for this title
Health Educators	21-1091 Health Educators
Other	
Administrative Staff -- All Titles	



Executive Staff	11-1011 Chief Executives and 11-1021 General and Operations Managers
Financial	11-3031 Financial Managers and 43-3000 Financial Clerks
Human Resources	11-3121 Human Resources Managers and 43-4161 Human Resources Assistants, Except Payroll and Timekeeping
Other	
Administrative Support - - All Titles	
Office Clerks	43-9060 Office Clerks, General
Secretaries and Administrative Assistants	43-6010 Secretaries and Administrative Assistants
Coders/Billers	29-2071 Medical Records and Health Information Technicians
Dietary/Food Service	11-9051 Food Service Managers
Financial Service Representatives	41-3031 Securities, Commodities, and Financial Services Sales Agents
Housekeeping	37-1011 First-Line Supervisors of Housekeeping and Janitorial Workers
Medical Interpreters	27-3091 Interpreters and Translators
Patient Service Representatives	43-4051 Customer Service Representatives
Transportation	No classification identified for this title
Other	
Janitors and cleaners	37-2011 Janitors and Cleaners
Health Information Technology	
Health Information Technology Managers	11-3021 Computer and Information Systems Managers
Hardware Maintenance	No classification identified for this title
Software Programmers	15-1130 Software Developers and Programmers
Technical Support	15-1150 Computer Support Specialists
Other	
Home Health Care	
Certified Home Health Aides	31-1011 Home Health Aides
Personal Care Aides	39-9021 Personal Care Aides
Other	
Other Allied Health	



Nutritionists/Dieticians	29-1031 Dietitians and Nutritionists
Occupational Therapists	29-1122 Occupational Therapists
Occupational Therapy Assistants/Aides	31-2010 Occupational Therapy Assistants and Aides
Pharmacists	29-1051 Pharmacists
Pharmacy Technicians	29-2052 Pharmacy Technicians
Physical Therapists	29-1123 Physical Therapists
Physical Therapy Assistants/Aides	31-2020 Physical Therapist Assistants and Aides
Respiratory Therapists	29-1126 Respiratory Therapists
Speech Language Pathologists	29-1127 Speech-Language Pathologists
Other	

Facility Types

For each Job Title, workforce impact will be reported against the most appropriate Facility Type from this list:

- Outpatient Behavioral Health (Article 31 & Article 32)
- Article 28 Diagnostic & Treatment Centers
- Article 16 Clinics (OPWDD)
- Home Care Agency
- Hospital Article 28 Outpatient Clinics
- Inpatient
- Non-licensed CBO
- Nursing Home/SNF
- Private Provider Practice

V. Historical Policy Guidance Documentation Links

This section will contain a comprehensive repository of all policy guidance documentation that has been previously published and communicated through the DSRIP website or MRT Listserv related to Workforce. All information contained in this guide will serve to consolidate the documentation in to a single source so the list of guidance contained here will be for archival purposes only.

Document Title / Email Subject	Release Date	Location of file (include DSRIP website link if applicable)
DSRIP Project Plan Application		http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_plan_applications_domains2_3_4.pdf



DSRIP Implementation Plan Template		http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/implementation_plan_template.xlsx
Workforce Frequently Asked Questions (FAQs)	3/15	http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/workforce_faq.pdf
Domain 1 AV Guidance Webinar	4/21/15	<p>Presentation: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/domain_1_achievement_values_presentation_4-21-15.pdf</p> <p>Video: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/domain_1_achievement_values_presentation_4-21-15.wmv</p>
Workforce Webinar	8/3/15	<p>Presentation: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/workforce_ip_webinar_1_28_15.pdf</p> <p>Video: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/workforce_ip_webinar_1_28_15.mp4</p>
PPS QR	9/15/15	http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/quarterly_rpts/index.htm
Workforce in MAPP	9/25/15	<p>Presentation: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/workforce_in_mapp_9_25_15.pdf</p> <p>Video: https://www.youtube.com/watch?v=qCYZdgmfBUk&feature=youtu.be</p>
Compensation and Benefits	10/22/15	<p>PPS Lead Email</p> <p></p> <p>Clarifications regarding Workforce and Compensation and Benefits Surveys.msg</p>
Workforce PPT	12/2/15	<p>PPS Lead Email</p> <p></p> <p>Clarifications regarding Workforce and Compensation and Benefits Surveys.msg</p>
All PPS PPT	12/11/15	http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_workshops/docs/2015-12-10_mapp_presentation.pdf
Workforce FAQs	12/17/15	PPS Lead Email



		 Workforce Reporting QA Document.msg
Workforce FAQs	2/1/16	PPS Lead Email  Update to Workforce Reporting FAQs 1.29.16.msg
Updated FAQs and Policy 1 pager	3/14/16	PPS Lead Email  Updated Workforce Policy Guidance.msg
Updated FAQs	4/27/16	PPS Lead Email  Updated Workforce Policy Guidance 2.msg
Updated Guidance on Workforce Impact Analysis Baseline Reporting, Timeline for Board Approval of Milestone Deliverables, and Mid-Point Project Narratives	7/12/16	PPS Lead Email  Updated Guidance on Workforce Impact Analysis Reporting Timel
Week of July 18, 2016 PPS Announcements and Updates	7/18/16	PPS Lead Email  Week of July 18 2016 PPS Announcements and Updates.m